

**STUDENTS WITHDRAWING FROM THE MCSD
Notification by Parent**

Dear Parent/Guardian:

We are sorry to learn that your child will be leaving the Mahopac Central School District. Please provide the following information and return this form to the Building Registrar. If you have more than one child leaving the District, please complete a separate form for each child. Thank you for your cooperation.

Name of Student: _____ **Date of Birth:** _____

Last Day of Enrollment with the MCSD: _____

**Receiving School District
Name & Address**

Telephone Number

_____	_____
_____	_____
_____	_____

Upon receipt of a "Request for Records" from the Receiving School District named above, I hereby give consent to the MCSD to release student information concerning my child.

Parent/Guardian

Name: _____ **Relationship:** _____

New Address: _____

Telephone: Home: _____ **Cell:** _____

Parent/Guardian

Signature: _____ **Date:** _____

Note to Building Registrar: This form should be completed when notified that a student will be leaving our district. Please retain this completed form in the student file for reference when a request for records is made by the receiving school district.

MCSD Building Registrar:

_____	_____	_____
Name	Initials	Building Code